

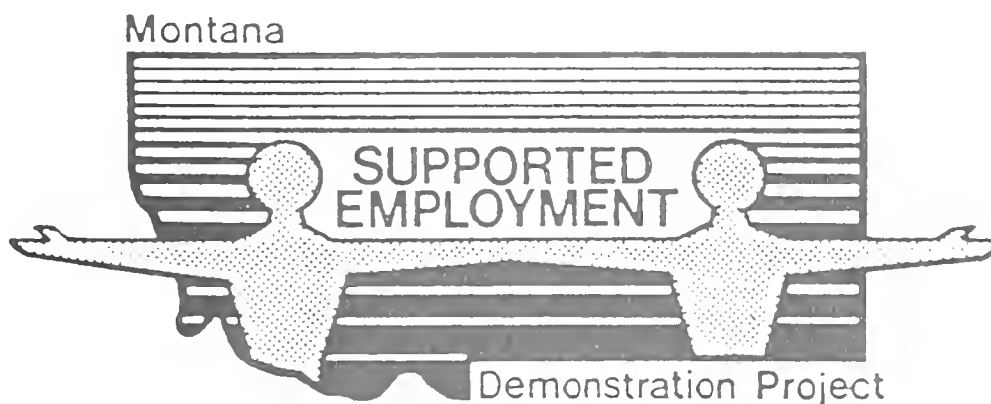
# Conference Proceedings

---

# Shaping of Things

---

# to Come



*The first of five annual forums for people  
interested in supported employment of severely  
disabled workers in Montana.*

May 14-15, 1987  
Sheraton Inn  
Great Falls,  
Montana

STATE DOCUMENTS COLLECTION

JUL 7 1988

MONTANA STATE LIBRARY  
1515 E. 6th AVE.  
MONTANA

PLEASE RETURN

MONTANA STATE LIBRARY  
S 331.59 M26prs 1987 c.1  
Proceedings report for the shapings file



3 0864 00059387 4

JUL 07 1988

MONTANA STATE LIBRARY  
1515 E. 6th AVE.  
HELENA, MONTANA 59620

PROCEEDINGS REPORT  
for the  
"SHAPINGS OF THINGS TO COME"

The first of five annual forums for  
people interested in supported employment  
of severely disabled workers in Montana

Sponsored by  
The  
Montana Supported Employment Demonstration Project

May 14-15, 1987  
Sheraton Inn  
Great Falls, Montana





*Serving Montanans with Severe Disabilities*

Room 503, 25 South Ewing, Helena, Montana 59620 (406) 443-1006

Acknowledgement is given to the following persons who worked on the Forum Proceedings:

Elizabeth Ford: Word processing

Mike Kelly: Editing

Artz-Works: Graphics, layout

DON'T FORGET TO MARK YOUR CALENDARS! NEXT YEAR'S CONFERENCE WILL BE HELD AT THE MISSOULA SHERATON APRIL 27, 28, AND 29, 1988.

A tentative agenda will be mailed to you shortly after the first of the year.



## TABLE OF CONTENTS

### "Shaping of Things to Come"

INTRODUCTION . . . . .	1
OPENING COMMENTS . . . . .	2
DEVELOPING A STATE SYSTEM	
Keynote Speaker, Janet Hill . . . . .	2
1. WHAT IS HAPPENING TO PEOPLE IN SE? . . . . .	3
2. RESISTANCE FROM BUSINESS BARRIER . . . . .	5
3. PARENTS AS BARRIERS . . . . .	6
4. FUNDING AS A BARRIER . . . . .	7
5. BIGGEST BARRIER ARE HUMAN SERVICES PEOPLE . . . . .	7
EMPLOYER PANEL	
Stephen White, Facilitator . . . . .	8
DAVE WOMACK . . . . .	9
RON LUINSTRA . . . . .	9
JOHN MOLL . . . . .	9
DAVE GATES . . . . .	9
RUSSELL KLARE . . . . .	10
THE ENCLAVE APPROACH TO SUPPORTED EMPLOYMENT	
Keynote Speaker, David Jay . . . . .	11
BREAKING THROUGH THE BARRIERS	
Keynote Speaker, Janet Hill . . . . .	13
Voc Rehab level in Virginia . . . . .	15
What should Montana's VR system do? . . . . .	15
SE AND VOCATIONAL REHABILITATION: An Invitation to Join a New Service Coalition (BYOB)	
Presentors: Maggie Bullock and Bob Jahner . . . . .	17
WORK AND THE SUPPLEMENTAL SECURITY SYSTEM	
Tom Railsback, Presentor . . . . .	20
ISSUE STUDY GROUPS . . . . .	
I. STATE SERVICE MANAGEMENT SYSTEM . . . . .	22
A. Funding Formulas . . . . .	22
B. Inter/Intra-Agency Roles and Responsibilities . . . . .	23
C. Referrals and Case Management . . . . .	25
D. Quality Control of Developing Programs . . . . .	27
E. Transition From Secondary Education To Adult Services: . . . . .	29
II. EMPLOYMENT DEVELOPMENT . . . . .	30
A. Sales Channels To The Private Sector . . . . .	30
B. Accessing Potential Public Sector Employers . . . . .	31
C. Employer Councils And Ways To Mobilize State Services . . . . .	31
E. Matching Employee With Employment Opportunity . . . . .	32

TRAINING AND TECHNICAL ASSISTANCE . . . . .	33
A. Preliminary Training . . . . .	33
B. Inservice Training For Service Providers . . .	33
C. Technical Assistance Resources . . . . .	34
D. Quality Assurances For Supported Employment Services . . . . .	35
E. Inservice Training For Case Managers . . . . .	36
INVITATION TO INVOLVEMENT IN PLANNING	
Presentors: Maggie Bullock, Dan Anderson, Dennis Taylor .	39
APPENDIX I	
MSED PROJECT PROFILE . . . . .	43
APPENDIX 2	
KEYNOTE SPEAKERS . . . . .	44
Janet W. Hill, M.S.Ed. . . . .	44
David L. Jay . . . . .	44
APPENDIX 3	
ACRONYMS . . . . .	46



## INTRODUCTION

The Montana Supported Employment Demonstration Project sponsored the First Annual Forum on Supported Employment, "Shaping of Things To Come", on May 14th and 15th, 1987, at the Sheraton Inn in Great Falls, Montana. Over 125 individuals, representing state and local human service agencies and providers, school districts, employers, families and consumers, took part in the two-day conference.

Highlights of the conference included keynote addresses by Janet W. Hill, Director of the Office of Supported Employment with the Virginia State Department of Mental Health and Mental Retardation, and David Jay, Director of Production at Physio-Control Corporation in Renton, Washington. Montanans with expertise in supported employment offered concurrent presentations. A panel of employers of the severely handicapped presented testimony to conference attendees on the values of this new and exciting resource. A final major component of the forum involved assigning conference participants to various groups to study the issues being raised as the supported employment movement gains force in our state.

This proceedings manuscript was prepared as a resource for anyone concerned with the outcome of the forum. The report documents the need and desire for the implementation and maintenance of the resource of supported employment of the severely handicapped population in Montana.

In order to avoid interpretation errors and speaker bias, the editing of this report focused primarily on reducing its length rather than altering content, particularly with the material gathered from the issue study groups. Comments were transcribed as exactly as possible from notes and video recording made as the conference proceeded. Original worksheets and videos are available from the MSSED Project office.

## OPENING COMMENTS

Rick Offner

Currently, not all persons with severe disabilities have the opportunity to take part in Supported Employment (SE). Disabled people can't predict that as an outcome of their entrance into our service system supported employment will be an option for them. People with severe disabilities aren't able to get the resources necessary to ensure them adequate support and ongoing follow-along in an employment setting.

The purpose of this forum is to promote the concept of SE which involves moving individuals into integrated and productive situations in the community. The purpose of this Montana Supported Employment Demonstration (MSED) grant is, in part, to create an environment in which SE is equitable, predictable and has a funding mechanism to ensure continuing service.

## DEVELOPING A STATE SYSTEM

Keynote Speaker, Janet Hill

Note: In Virginia, Ms. Hill worked SE programs out of secondary school programs, community service boards, community mental retardation (MR) and developmentally disabled (DD) programs. Now SE is handled in a dual interagency approach by the Department of Mental Health and Mental Retardation (DMHMR). In what follows, Hill describes several years of research data collected pertaining to SE and the barriers critics often raise.

This conference shows Montana's readiness to start a state system of SE by its:

- \* clear, firm understanding of SE;
- \* demonstration of interagency cooperation and communication; and
- \* willingness to commit money.

Common barriers include the following misconceptions:

- \* the attitude that severely disabled people cannot enter and/or make it in regular employment;
- \* resistance from business;

- \* resistance from parents;
- \* funding is not available; and
- \* human service workers cannot cooperate to make SE work long-term.

Data collected in Virginia sheds light on each of these misconceptions.

## 1. WHAT IS HAPPENING TO PEOPLE IN SE?

First, skeptics need to understand that we are undergoing a revolution in day support services for people with disabilities.

Basic data from eight years of longitudinal data in Richmond and Tidewater area show:

- \* The average months employed for a consumer population (about 200 people) was about 19 months;
- \* Two months was the average time of employment for the Virginia population;
- \* 70% of the consumer population was employed over 6 months;
- \* 50% of those placed in SE in Virginia are currently employed (that doesn't tell you about their job retention histories); and
- \* quality variables.

How many hours per month did consumers work in competitive employment group versus in the sheltered employment group?

People in the competitive employment group not only make more money but also work more hours (123 hours/month versus 85 hours/month).

What type of consumers?

In this study there were mostly MR people.

Are we putting people in real low quality kinds of jobs (i.e., part-time, with no benefits, etc.)?

- \* 50% of 200 placements were full-time and 50% were part-time;
- \* 29 hours average/week;

- \* 50% have full medical (insurance) benefits;
- \* 93% of jobs are 12 months per year (not seasonal work);
- \* in 30% of these jobs, people were hired above minimum wage; and
- \* by and large, Virginia is a job coach state. In Montana you are primarily job coach and some mobile work crews.
- \* quality of jobs: only 35% of jobs required evening or weekend work (most were in food service or janitorial work).

One very different thing about Virginia versus Montana is the contrast of urban versus rural population centers.

Who are in these jobs?

In Virginia they are working with a lot of different populations now in SE. This data is from the Virginia Commonwealth University (VCU) program to give you an idea of who they were working with.

We found that 5% of the population was labeled severely MR; 51% are moderately MR, 34% mild MR, 10% mild MR and severe sensory type impairment (secondary impairment). As you can see, by and large, it is an MR group.

Who does the model work best with?

We looked at groups in terms of high and low retention:

- \* 87% of the population with severe label made it into high retention group (over 6 months);
- \* 66% with moderate label made it into high retention group;
- \* 63% of mild label made it into high retention group; and
- \* 75% of dual diagnosis made it into high retention group.

There are no statistical differences there. Basically they found that SE tends to work with all kinds of groups, with people with very diverse disabilities.

One factor, independent of MR level, a demographic characteristic (age having no effect), predicted success or failure. The factor was gender - for many reasons. First of all VCU placed many more males in jobs (66% of placements were males and 34% were female). 70% of the males made it into high retention and only 55% of the females did. It might be something related to cultural expectations. In addition, most jobs are janitorial and have historically been geared towards men. Clients who are female and disabled are competing against non-disabled females so it compounds the problem.

The data shows that previous work experience is a real strong predictor of success. 78% of those with some work experience made it into high retention group whereas only 41% from the in-house only training program did. Interestingly 71% of those with no experience made it into the high retention group. The more people we can get out in the community, getting paid work experience, training, and as young as possible, the better.

The findings show us that we need to gather much more data regarding people with disabilities other than MR.

## 2. RESISTANCE FROM BUSINESS BARRIER

In Virginia they've found it isn't true that there is resistance from the business sector. In a survey of 650 employers - when asked why they don't hire people with MR, the response was there were no applicants.

In the American Journal on Mental Deficiency (AJMD), a survey by Mike Schaeffer, 82% of employers never received applications from disabled people. They are getting strong overtures in Virginia from big companies like Pizza Hut and Kentucky Fried Chicken (especially food service companies) that there is a real personnel shortage. Companies are turning to older people and the disabled.

The survey also asked were why they hired people with MR:

- \* employers felt that people had a right to work and deserve to work;
- \* they had position openings; and
- \* they would use a job coach.

### 3. PARENTS AS BARRIERS

There is conflicting data from a 1984 survey of 660 parents with a 48% return rate.

Should work be a normal part of your son or daughter's life?

The developmental level of their child influenced them the most, but there was a philosophical agreement that work should be a part of their child's life.

What would be the preferred program?

All groups wanted sheltered workshop or activity center programs (even those with borderline or mildly disabled children).

Would they be interested in increased wages for sons or daughters?

The answer is a resounding "no" from across the board.

From the VCU group of clients, where they placed approximately 200 people, staff looked at the reasons for job separation: client skill deficits, attitudinal problems, interfering behavior, economic layoff, parentally-induced, and negative social reactions from the employer. The least number of separations were caused by parents pulling people out of jobs.

What does this mean? Returning to the question of preferred programs, for the parents with borderline sons/daughters who prefer sheltered programs, that is where their children actually were. Only 5% of those surveyed had sons/daughters in competitive employment.

More research needs to be done. Parents preferred the current programs, and are skeptical of change. They have seen a human service system undergoing rapid change over the last 20 years. Sheltered workshops are finally established and now we are saying that we need more resources. Parents know the sheltered workshops will be there in the future but don't know what the future of small non-profit companies providing SE will be.

We need to use parents who are familiar with SE services as liaisons with other parents. Parents need to be included in planning stages. They need to be educated about how SE will effect existing benefits: Social Security Income (SSI), and Medicaid.

#### 4. FUNDING AS A BARRIER

The basic formula is shared funding. Employer/interagency communication is important. It makes us communicate with Vocational Rehabilitation (VR) and makes VR communicate with us.

The biggest problem is that some providers want SE but also want to keep their day activity centers. SE is diverting existing resources toward integrated employment opportunities and you have to commit to it.

MR directors in a locality can keep all of the options today, but need to plan over the next five years how they are going to divert more and more resources toward integrated employment opportunities.

You must plan and slowly divert monies.

SE is not just the vogue thing to do in 1987, it is an extension of the work done over the past 20 years. Now it is time to put people in regular jobs in the community and provide support and training there.

#### 5. BIGGEST BARRIER ARE HUMAN SERVICES PEOPLE

Points to ponder:

- \* territoriality;
- \* professional egos;
- \* empire building--with SE, funding should be following people to provide outcomes for them not to provide big impressive buildings; and
- \* professional inertia--SE needs good professional managers to work with these people in order to get the program off the ground.

#### What Virginia Is Doing With Their State Grant

There are four primary goals:

1. Set up central offices of SE at DMHMR and VR.
2. Set up five regional consultants that are exclusively involved with SE. These will be working out of either sheltered workshops or local MR/MH offices. Consultants

will provide technical assistance (TA) and consultation to anyone who wants to improve their vocational services.

3. Attempt to increase the number of services by giving out small start-up grants. They have federal monies to give to people (\$22,000). VR set aside another \$20,000 for case service dollars. Last year there were 12 grants: 6 MR/MH, 6 sheltered workshops.
4. Conduct statewide training to build consensus and participation. Areas of focus should be:
  - \* parents, family, consumer employment concerns;
  - \* values clarification (why are we moving into segregated to integrated model);
  - \* VR counselor training and case manager MR, MH, DD training; and
  - \* skill training for providers.

#### EMPLOYER PANEL

Stephen White, Facilitator

The focus of our collective efforts is to provide people with severe disabilities the supports they need to establish and maintain employment. Current participating employers are:

Dave Womack of Service Master in Great Falls  
Russell Klare of 4B's Restaurant in Missoula  
Dave Gates of Montana Power in Great Falls  
John Moll of Big Bear Stores in Billings  
Ron Luinstra of Log Cabin Drive-In in Choteau

These employers are representatives of rural, urban, service jobs, utilities and foods.

Each employer will describe their program - relaying the whys of involvement, benefits derived, and problems. Each will conclude by offering one suggestion to help all of those involved with supported employment as we proceed in the state of Montana.



## DAVE WOMACK

In order to constructively and effectively employ the disabled, we must be able to understand the disabilities (this is a key factor and is also one of the biggest benefits derived). Disabled workers have a lower level of capability but will give 100% of what they possess. The result is an employee who is dependable, thankful, has a desire to accomplish and please.

Supervisors need education in order to understand disabilities. We need to educate employers in order to achieve a higher success ratio.

There also exists a negative influence of some parents and support groups in not allowing employers the latitude to do what they need to: for example, constructive criticism of the employee is sometimes disallowed by overprotective parents.

## RON LUINSTRA

Employees need to be taken aside to talk privately about problems and direction. The employee retains the theme of these talks and implements the suggestions in his work.

Involvement in employment of the disabled is enjoyable. One striking feature of employees is their conscientiousness. The relationship benefits the employer as well as the employee.

The employer must seek out employees with disabilities.

## JOHN MOLL

The disabled need more than just the support of tax dollars.

Problems: Inability to handle job, quickness, theft, medical problems.

Needs: The employers need to know specifics about the person's disabilities (personality, habits, medical problems). They also need to know what their "go" button is (what will motivate that particular person to perform).

## DAVE GATES

We have an employee who works in Mt. Power Service Center (approx. 4 mos. on job). He performs sweeping, cleaning, general janitorial work. They were initially afraid of the reaction that their normal employees would have to working with the disabled.

We are seeing improvement in this employee's ability to relate with others and all other employees are happy to see him (building a rapport.)

Suggestions: Be patient with employers; let employers be knowledgeable about disabilities and problems."

#### RUSSELL KLARE

Russ has employed the disabled and chronically mentally ill. In 1982 he became involved with Diedrich Meinken at River House.

4B's Corporation is built on the premise of employing people who need and want to work. Two years down the road, Diedrich nominated them as National Mental Health Employer Of the Year and they won.

25 people since 1982 have gone through their program and they enjoy a 68% success ratio.

Successes: "The mainstream people grow; the people are smart and move up through the ranks. They can be taught to do almost anything."

Suggestions: "One big problem is to convince employers to hire. You need a selling point. Let employers know you have job coaches, training, support, etc. MUST STRESS the disableds' abilities -- punctuality, willingness to learn and give 100%, very seldom sick."

4B's started an Employee Of the Month program in November 1987 where the employees nominate and elect the winner. One winner was from the Opp Shop and one from River House. This signifies acceptance.

#### Overall recommendations:

- \* establish advisory council (can make recommendations and contacts);
- \* involve employers in additional capacity (i.e. on councils, etc);
- \* Attend meetings in business community.

## THE ENCLAVE APPROACH TO SUPPORTED EMPLOYMENT

Keynote Speaker, David Jay

Physio Control of Seattle started this type of enclave approach four years ago.

Physio works with a third party non-profit organization. The purpose is to bring people into the enclave and eventually hire them into the company. So Physio trains these employees and eventually will hire them as regular fulltime team members.

Physio is a medical electronics company -- specializing in cardiovascular medical equipment.

A subsidiary of Eli Lilly and Company, in 1984-86 we were selected as one of the top one hundred best companies to work for in America.

General information about the enclave:

- \* targeted groups are people with low wages;
- \* low productivity;
- \* not considered work-ready;
- \* IQ of 45 or less (the outside organization sets standards for IQ);
- \* eight people in the enclave;
- \* 12-15 employees have received training on how to work with enclave employees;
- \* four have been hired into the company; and
- \* three have been dismissed.

Third party features:

- \* handles the split of dollars -- some goes to the employee, some to benefits;
- \* provides training;
- \* does all of the work with feds, state, and county;
- \* maintains all the paperwork (the grant pays for administrative work);

- \* identifies eligible people; and
- \* provides transportation training.

Physio puts up overhead and pays so much per hour for the individual per work week which consists of 4 days at 10 hours/day.

Physio screens supervisors for enclave work.

Some of the upfront costs:

- \* training (supervisors and employees);
- \* setup production line; and
- \* extra tools.

Sequence of hiring process:

- \* contact third party;
- \* bring in people who are eligible and let them work; Physio will assess their willingness and ability to work. Of these candidates, Physio will select the most qualified person;
- \* invite parents (or caseworker) to come and visit the company; and
- \* return to third party to confirm hire.

Physio requirements:

- \* show performance of 65% (consistently);
- \* can't exhibit behavioral problems that cause disruptions;
- \* know that they feel comfortable (integration is the key to success).

Parents or caseworkers are important factors.

Employee benefits include: educational, profit sharing, medical, dental.

Employers' key concerns:

- \* motivation -- money has not historically been a motivator but it is becoming more so now;

- \* barriers -- people are afraid of the disabled;
- \* insurance rates; and
- \* productivity -- Physio has found 90%+ productivity rates exhibited in integrated settings.

Concerns of the company:

- \* saturation;
- \* transportation;
- \* motivation;
- \* company goals to hire 2 persons per year;
- \* maintenance of 8 in enclave; and
- \* spread word about enclave.

It costs too much to subsidize the handicapped if they are not working. Two key factors to success are: 1.) company has to want to do it, and 2.) must contact someone in the company who will help to champion the idea.

Cost to company for creating enclave job:

- \* Enclave employees do the same work as regular employees;
- \* Don't have to create work for them;
- \* Physio routed jobs through them just as other employees perform.

### BREAKING THROUGH THE BARRIERS

Keynote Speaker, Janet Hill

The primary players are as follows:

- \* parents;
- \* VR state system of SE;
- \* DMHMR;

- \* local VR offices;
- \* local MH and MR offices;
- \* service providers or managers;
- \* direct employment specialists (job coaches, etc.)
- \* employers; and
- \* public schools.

In Virginia they found it necessary to make major changes to the basic system after one year.

Some of the discoveries Virginia made:

- \* needed to have more training at the provider and agency level;
- \* need regional coursework;
- \* didn't have enough job coaches and mobile work crews;
- \* provider readiness wasn't there for start-up grants;
- \* 6 months of TA for those who need it and then fund their proposals;
- \* must write things in contracts such as; need for local screening committees, timing of opening for VR cases, put in commitment for long-term funding, identify sources of long-term funding, and providers must specify the client group they will serve;
- \* require local screening committees (they determine who should go into SE and their need for long-term followup).

Group models will need longer start-up time (enclaves, etc., need alot of planning time).

What audience wants SE to do in Montana:

- \* Need for long-term funding;
- \* Single point of access (SPA) should find ways to fit other disability groups into SE;
- \* Need more parent support and participation in planning and implementation, parent education and support;

- \* Teachers should adopt certification or statewide definition of job coaches or training program, need monetary incentive.

## Voc Rehab level in Virginia

VR counselors are brokers of services:

- \* assist in SE process;
- \* support is time-limited (0-6 months);
- \* work with provider and community;
- \* identify employer needs;
- \* view SE as a resource (adds to their arsenal of ways they can serve people);
- \* can't provide extensive job site training;
- \* need to have a lot of information about SE;
- \* need training re: models, integration, positive reinforcement;
- \* need formal/local cooperative agreements;
- \* need to be involved in planning process for placements (get regular reports);
- \* must be quality check agents;
- \* assist providers to have small pool of open cases so that the provider can place people quickly; and
- \* different disabilities need differing amounts of monetary support (Virginia has a 0-6 month limit on support, but there is no monetary ceiling). Cases can be reopened though. After the initial involvement, a person can be replaced in the event he/she loses the job.

Virginia's VR system has set aside case service dollars for SE (their MH and MR haven't earmarked dollars for SE).

What should Montana's VR system do?

- \* designate counselors as experts for disabilities that have been unserved in the past and to serve as linkages to provider groups for those disabilities;

- \* establish clear guidelines on eligibility;
- \* more concise and clear expectations with employer needs; and
- \* within system have VR do long-term monitoring of people going through single point of access.

### CONCURRENT PRESENTATIONS

Note: Of the two groups of three concurrent presentations, only one in each group could be videotaped. The following is a list of the presentations not included in this proceedings. If you are interested in obtaining further information regarding these, contact the MSED Project at (406) 443-1006.

**DEMONSTRATION SITES SPEAK:** Communications systems for job coaches and production staff. Discussion was directed at issues concerning the service delivery of supported employment at the state and local levels. Presenters were Jack Chambers, Director of Missoula's Opportunity Industries, and Rita Schilling, Director of Billings' Vocational Placement and Training.

**SUPPORTED EMPLOYMENT IN MONTANA'S MENTAL HEALTH PROGRAMS.** Information was given on the history and current status of programs for the seriously mentally ill in Montana and identified the special needs of this population. Presenters were Diedrich Meinken, Vocational Director of Missoula's River House, and Ken Kleven, Director of Alternative Services for Great Falls' Golden Triangle Community Mental Health Center.

**ADVOCACY, FAMILIES AND SUPPORTED EMPLOYMENT.** Focus was on parental feelings, normalization and the development of advocacy skills. The presenter was Ellen Alweis, Coordinator of Billings' Citizen Advocacy Program.

**SCHOOL-BASED PROGRAMS IN SUPPORTED EMPLOYMENT.** A description was given of the Great Falls Transition Project as well as a two-tiered program of the Great Falls Public Schools that shifts responsibility of work site supports from providers to employers. Employers were available for questions. The presenter was Brent Cresswell, Supported Employment Specialist for Great Falls Transition Project.



SE AND VOCATIONAL REHABILITATION: An Invitation  
to Join a New Service Coalition (BYOB)

Presentors: Maggie Bullock and Bob Jahner

Bullock discusses:

- \* What Rehab can do at this time and why VR has assumed the posture it has on SE;
- \* Networking and coalition - feel it is important in each local community in order for agencies that need to be involved to become involved in SE effort.

Nationally: Distractions to VR.

Three federal departments that continue to advertise SE monies:

- \*Department of Labor;
- \*Department of Education; and
- \*Department of Health and Human Services.

The state scene:

Only one state agency (DD) has gotten both spending authority and dollars to do SE. VR has spending authority but hasn't received actual federal dollars.

Virginia has been involved with SE for nine years. It took five years for VR system in Virginia to commit some dollars to this effort and to decide how much should be diverted and the proportion to be distributed. Montana is only six months into this project.

One problem is personnel overload.

Three Cautions

1. Take it slow.
2. Be cautious.
3. Be patient.

Jahner talks about what VR is doing now in terms of SE.

Identifies what SE is:

- \* Paid employment which is for persons with disabilities for whom competitive employment at or above minimum wage is unlikely, who because of disabilities need attentive ongoing support to perform in a work setting. It is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed and are supported by any activity needed to sustain paid work by persons with disabilities, including supervision, training, and transportation;
- \* at least 20 hours/week work;
- \* with fewer than eight other persons with disabilities randomly selected - deemed to be ideal classroom size;
- \* with ongoing support (is important aspect in order to be deemed supported work);
- \* Models:
  1. distributive;
  2. mobile work crews; and
  3. enclaves.
- \* VR considers SE to be an outcome rather than actual service;
- \* VR is involved in training services and support services; someone else has to pick up support when person reaches the point that they don't need intervention and training to do the job;
- \* Focus of VR is to put together training services to get people back to work;
- \* SE can be a vocational outcome after training is completed;
- \* VR will pull out at the stabilization phase;
- \* VR will be able to fund certain aspects of SE; and
- \* Long-term monitoring by VR won't be allowed unless the act is changed or legislature provides state dollars.

Process people go through when entering the VR system:

1. Diagnostic study with counselors
  - \* medical;
  - \* psychological;

- \* vocational;
- \* educational;
- \* social dimensions of the person.

## 2. Eligibility criteria

- \* has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment; and
- \* can reasonably be expected to benefit from vocational rehabilitation services in terms of employability.

IWRP -- Individualized Written Rehabilitation Plan which identifies vocational objective or outcome and describes the plan and the means for achieving the outcome.

Closure -- Constitutes the end of time limited IWRP services.

Post Employment -- VR can intervene in the work setting up to a year following closure to provide services specifically necessary to retain the employment.

Employability - now SE is an acceptable vocational outcome. VR can now serve these people but now can't find funding support for ongoing services. Are now trying to coalition and bring providers together to fundamentally change the way funding is structured in this state in order to make SE a reality in long-term sense.

## Considerations for multi-disabilities model:

SE was developed around the DD concept. DD people have a hard time generalizing skills they learned in one setting and applying to a new situation. The idea of SE was to provide the training so the client could reach the conclusion in one step.

In Montana, to have a multi-disability model, this is NEW. Things must be explored.

- \* The nature and role of vocational evaluation;
- \* The role of pre-employment skill training; and
- \* The range and scope of the ongoing services.

### DD Model

1. The Diagnostic Study
  - a. Job site situational evaluation
3. Job Match Pool
4. Job Placement
5. Skill training
6. Fading and adjustment
7. Ongoing support services

### Multi-disability Model

1. The Diagnostic Study
  - a. Formal vocational evaluation
  - b. Specialized adapted vocational evaluation
  - c. Job site situational assessment
3. Job Match Pool or
4. Pre-employment skill training
5. Job training
6. Skill training
7. Fading and adjustment
8. Ongoing services

## WORK AND THE SUPPLEMENTAL SECURITY SYSTEM

Tom Railsback, Presentor

Here is how the the SSI program treats people who work (beginning July 1, 1987):

- A. Work will no change disability or blindness status for people once they are on the SSI roles.
- B. All SSI recipients can work without fear of sudden or unexpected lost eligibility resulting from work.
- C. SSI checks are reduced for working people in proportion to their actual increases in earnings.
- D. Even when income is too high for a cash benefit, Medicaid continues for working disabled or blind individuals for as long as they need it.
- E. People who work their way off benefits can be reinstated without a new application if income drops. There is no limit of times this can happen.

People's eligibility for SSI is terminated only if they medically recover or have been ineligible for any SSI benefit (including 1619B) for 12 consecutive months. Even then, they can reapply without a waiting period when they think they may have become eligible again.

- F. SSI eligibility and payment determinations take account the special needs of working SSI claimants.
- G. Timely reporting of changes helps everyone involved and minimizes overpayments.

## ISSUE STUDY GROUPS

Note: See Appendix 3 for a description of the issue study group process which generated the following information.

### I. STATE SERVICE MANAGEMENT SYSTEM

#### A. Funding Formulas

- \* time-limited funding sources
- \* ongoing funding sources
- \* pooling of resources
- \* reallocation of resources
- \* how to magnify resources

Sources identified as potential or current funding outside of grant sources: DD, MH, VR, Office of Public Instruction (OPI), county levies, additional general fund, Medicaid waiver, Job Training Partnership Act (JTPA), service groups, Montana Advocacy, Association for Retarded Citizens (ARC), individual client trust funds, and social security (some forthcoming programs and Plan to Achieve Self Support - PASS).

Specific recommendations - establish these agencies as funding resources:

1. For time-limited: VR-110 and Title 6, OPI and Medicaid on a case-by-case basis.
2. For ongoing: VR for extended employment, developmental disabilities and mental health. Medicaid waiver should continue for individual cases.
3. Reallocation:
  - \* Flexibility should be established to allow local providers to reallocate funds.
  - \* Sheltered workshop funds for day activity and work adjustment programs should be reallocated to SE (to follow clients).
  - \* CLS funds in MH should be reallocated (to follow clients).

- \* OPI should establish guidelines and regulations to insure that local school districts implement transition and supported employment programs to minimum standards.
- \* Work to target percent of resources from JTPA to SE.
- \* Reallocate coal tax money.
- \* Local county mill levies.
- \* Several concerns were raised regarding insurance to contributing agencies of gaining a return for investment, level of reallocation and management of the system.

#### 4. Magnifying of resources:

- \* Shift DD and MH monies to VR to enable a larger matching amount to secure federal VR monies.
- \* Maximize use of Medicaid waiver.
- \* Investigate use of Medicaid case management funds.
- \* Pool grant procurement resources into a grants office network to apply for all related grants.
- \* Use local school funds to support transition whenever possible.

#### 5. Pooling resources:

- \* Coordinate permanent SE office or staff specialist within the single point of access agency (VR).  
  
(This coordination would provide a vehicle for shared funding and pooling resources. This needs to be qualified by a concern with the costs of establishing an "office" of SE).

### B. Inter/Intra-Agency Roles and Responsibilities

Major agenda items were:

- \* single point of access;
- \* interagency leadership;
- \* responsibility for long-term follow along; and

- \* case management issues.

We only dealt with the first three items.

1. Single point of access - the local process in which every individual in need of SE requesting government dollars, from any source, must go through:

- \* Minimize state guidelines to encourage local agencies to develop their own single point of access.
- \* Geographical areas or certain populations will not be targeted or excluded.
- \* State guidelines should be established based on experience gained from local level.
- \* Design implementation and evaluation of single point of access should continue over the two year grant period.
- \* VR should not be considered the automatic single point of access.
- \* State agencies need to focus their planning on individuals and the services that they need.

2. Leadership - Identified state agencies involved:

- \* SRS;
- \* Department of Family Services;
- \* Department of Institutions
  - Mental Health and Residential Services
  - Alcohol and Drug Division;
- \* Office of Public Instruction;
- \* Department of Labor;
- \* Job Services;
- \* University System
  - MUAPS; and
- \* Department of Health.



Local planning committees have been formed involving representatives of the above agencies in Great Falls, Missoula and Billings.

- \* MSED and MEP should develop and implement a statewide survey to identify where formal SE programs exist and what the format of these programs consist of (i.e., Individual Education Plan - IEP's, Individual Habilitation Plan - IHP's and Individual Written Rehabilitation Plan IWRP's);
- \* Communities should develop interagency advisory committees and VR should initiate and facilitate this process;
- \* Coordination of service development at the local level to insure that employers are not overwhelmed by agencies seeking placements;
- \* Coordination of Request for Funds Proposals (RFP's) through state agencies, councils and grants.

### 3. Responsibility for long-term follow along

- \* integral part of the SE needs to be follow along services in place before the client is accepted into SE;
- \* case management is maintained with a client as they progress through SE services;
- \* explore options like Medicaid waiver providing follow along services as an allowable expense or others like social security, private insurance, workers compensation, Projects Through Industry (AFL-CIO);
- \* state agencies need to continue to explore options within their own agencies to provide follow along service;
- \* define and establish minimum criteria for long-term follow along services; and
- \* a liaison system should be developed between IEP, IHP, IWRP to insure that there is no duplication of planning of SE.

### C. Referrals and Case Management

Appropriate referrals for SE:

- \* to separate characteristics
- \* mental illness
- \* disabilities is not issue
- \* physical disabilities

What are the criteria:

- \* competitive vs. unemployable
- \* incorporate current ineligibility requirements
- \* feasibility at beginning then end

Federal VR:

- \* permanent, physically mental disabled
- \* barrier to employment
- \* reasonable expectation for employment

Going to serve more severely disabled.

Screening committee - referral depends on criteria.

Which model to use in referral.

Screening--lowest priority--individuals not medically stable.

Procedure:

- \* committee - VR - appropriate placement;
- \* most potential for success (is based on variables-- medical stability, stable residential situation, basic needs);
- \* can't compare by disabilities; and
- \* consider job coach to be lead person.

Who would be responsible:

- \* established work team

- \* meeting regularly
- \* SE team - small - parent, employer, different professionals

Referral to screening committee:

1. Physical, medical and psychologically stable
2. Severely disabled given priority
3. Would person with disability benefit from supportive employment
4. Basic needs are met (food, clothing, shelter)

Good definitions designed when case manager designated on case-by-case basis.

These possibilities:

1. According to ongoing funding source
2. VR counselor
3. Referral source
4. Primary services provider prior to referral

#### D. Quality Control of Developing Programs

Start-up general definition:

- \* lifelong support
- \* paid work
- \* integration into community

More specific:

- \* needs to be systems wide agreement as to SE
- \* needs to be range of characteristics ("parameters set" with employer's input)
- \* validated by client employer, service provider, advocates/parents

Quality Control of Programs:

- \* measurable standards of performance (pre and post measures)

#### Client Needs:

- \* quality of life issues (MH measures)
- \* encourage efforts to participate in different community environment
- \* self esteem
- \* increase communication/socialization
- \* grooming

#### Program measures:

- \* crises management/prevention measures (reaction speed)
- \* data-intervention (frequency, nature, time)
- \* number of employment alternatives
- \* monitor reason for separation and follow-up

#### Community needs:

- \* meet family needs
- \* meet needs of employers
- \* need for interagency cooperation to meet different disability groups
- \* interdisciplinary team concept needed (long-term individualized plan)

Cost effectiveness of service.

#### Job coach training, supervision and evaluation issues:

- \* one supervisor doing direct hiring/paying/firing but feedback needs to be solicited from all parties involved as to evaluation, pre-training and inservicing doing job of job coach.

Setting minimum requirements-certification issue.

Discuss pros and cons if set by state agencies or providers.

Consensus:

Position very pivotal to success or non-success of the movement. Funding sources seemed to realize value of the position and seemed optimistic about their ability to put increased monetary incentives into successful programs who will recruit and retain successful employees.

#### Overall Thoughts:

- \* Process of SE needs to be outcome oriented.
- \* Standards and guidelines need to be established via lots of input from service providers, consumers of service, employers, parents, advocates, state personnel.
- \* Need for lots of networking between providers and others especially during initial stages.

#### E. Transition From Secondary Education To Adult Services:

##### Goal #1

To establish an integrated, comprehensive provision of services with one point of responsibility of management.

##### Goal #2

To create a structure for early program planning between schools and adult services.

##### Goal #3

To establish an effective client tracking system.

##### Goal #4

To investigate the possibility of locating personnel to support parents and families during transition efforts.

## II. EMPLOYMENT DEVELOPMENT

### A. Sales Channels To The Private Sector

#### Marketing Plan:

1. Set agency placement goals
  - a. Mission statement/philosophy
2. Needs assessment
  - a. Identify
    - \* types of businesses
    - \* types of jobs
  - b. Target - jobs
3. Identify your clients, the job readiness/skills of clients' pool
4. Community public relations/image
  - a. don't use service provider vocabulary
  - b. don't talk in business jargon
  - c. get involved in business community (presentations)
  - d. board development

#### Presentation:

1. Appropriate model
2. Employer training
3. Explanation of employee training
4. Benefits
  - a. benefits for hiring (employer)
  - b. benefits to employee
  - c. client follow-up
5. Schedule appointment for interview

## B. Accessing Potential Public Sector Employers

- \* Need precise diagnosis/assessment of client needs to be able to market different clients with different needs.
- \* To solve interagency problems (administrative problems) we need:
  1. Dissemination of information from state to local agencies (workshops, training, and letters).
  2. Education of availability of funding and program itself
  3. Use of systems in place of development of systems or networks
    - \* placement networks
    - \* MUAPS
    - \* MSED
    - \* Lobbying form funding

### Solutions to problems with the public:

- \* Educating public (newspapers, word of mouth)
- \* Overcoming barriers in attitudes
- \* Emphasize positive aspects of programs and clients
- \* Economic benefits to employers
- \* Job placement networks to facilitate employer contact

## C. Employer Councils And Ways To Mobilize State Services

Say "resources" rather than services - narrows scope when we say "services".

### Council Identification Descriptors:

- \* Advise, educate, recommend, coordinate, promote, assist, assess needs, community based
- \* Who are they? Volunteers who represent spectrum of the local business community (private and public sectors)

## Council Functions:

- a. Community "pulse":
  - 1. Identification of new businesses and expansion of present businesses
  - 2. Economic factors affecting employers
  - 3. Identification of specific job openings
  - 4. Feedback from community about us
- b. Community awareness
- c. Two-way communications to mobilize state resources

Each community should have local SE committee:

- \* define needs and resources
- \* establish composition and structure for employer council
- \* goals (general) and expectations
- \* integration of experiences and abilities to accomplish agreed upon goal

## E. Matching Employee With Employment Opportunity

The group chose four major subtopics to be discussed:

- 1. The need to survey the community
- 2. The need to assess the client skills
- 3. The need to assess the job requirements
- 4. The need to match and the matching process



## TRAINING AND TECHNICAL ASSISTANCE

### A. Preliminary Training

1. Covers areas to develop competency
2. How to develop a curriculum
3. How to evaluate the program/set goals
  - \* Understanding of broad range of severe disability
  - \* Behavior skills about basic management and training techniques
  - \* Communication skills (client, coworkers, employees)
  - \* Diplomacy
  - \* Sense of professionalism
  - \* Knowledge of wage and hour regulations and SSI
  - \* Ability to merchandise (package/market client and the support service to the employer)
  - \* Assessments (job match, analysis of job site, evaluation of progress, environmental accommodation)
  - \* Knowledge of existing overall adult and youth service system
  - \* Common sense
  - \* Professional vs. paraprofessional distinction
  - \* Self-awareness ("pairing" client-job coach)

### B. Inservice Training For Service Providers

- \* definition of job coach;
- \* certification uncertain;
- \* develop training program yet;
- \* approach Eastern to give classes in SE;

- \* defined what responsibilities a job coach has and details he/she needs to know regarding responsibilities;
- \* need a curriculum established for certified job coach;
- \* paid state person? does inservice training? 2 persons to travel state and train eastern/western districts at 3 locations;
- \* Need minimum qualifications, standardized training, standards established by committee, not university degree, representatives of any/all agencies;

## SUMMARY

1. Establish governing board
2. Board
  - a. write general description for certified job coaches (paraprofessional)
  - b. establish certified standardized job coach training curriculum (non-degree)
  - c. establish state positions of job coach trainer

## C. Technical Assistance Resources

How important is TA:

- \* very on initial basis
- \* needs to be ongoing

Identified types:

- \* how to get funding
- \* one to one contact (more effective than handouts)
- \* workshops, seminars, conferences
- \* community education
- \* handouts (reminders)
- \* needs to be ongoing

TA available now:

- \* MEP (their focus is only DD)
- \* MSED should be TA for other than DD disabilities (don't duplicate)

Who needs TA:

- \* DD, rehabilitation service, school districts providers
- \* counselors
- \* contract managers

Future of TA:

- \* provide on district regional basis
- \* should be available to those who will use (like case managers, counselors, etc.)

#### Recommendations

- \* short and long term basis
- \* ongoing long term commitment
- \* evolving service
- \* TA possibilities
- \* future service providers picked up on regional basis

#### D. Quality Assurances For Supported Employment Services

Assurances:

- \* Rights of entitlement to services (on going, long term)
- \* Those who need assurances:
  - \* clients (long term support)
  - \* potential and existing employers
  - \* funding agencies

- \* families long term benefits
- \* current service providers (job coaches, VR counselors, etc.)

#### E. Inservice Training For Case Managers

- \* define case manager
- \* broker (qc/quality assessor)
- \* coordinator (i.e. social workers)
- \* one person client can identify with (consistency)
- \* DD cases-social workers
- \* areas of inservice
- \* different types of disabilities
- \* training on types of jobs clients will go into in SE
- \* community resources/transportation different requirements for state funding
- \* reporting requirements on client (progress reports)
- \* interdisciplinary training to cover five priority issues:
  1. inservices duties
    - a. identify clients, models, employers
  2. financial issues
  3. interdisciplinary training
    - a. parents, advocacy, agencies
  4. aspects of disabilities
  5. community resources/rural & urban

Inservice - What is SE:

- \* identify 4 models mobile crew, bench work, enclave, job

coach model/distributive wage implications-possibilities

- \* target population (consumer)
- \* job match, placement, training, & follow-along
- \* employer (priorities, how does S.E. fill employers' needs, communication)
- \* provider (duties, responsibilities)
- \* incentives/disincentives

#### Financial Issues:

- \* SS (SSI, SSDI 1619a & b, (1611), PASS, IWRE, IWRP, SGA)
- \* wage & hour laws (payment methods)
- \* labor laws
- \* human services/economic assistance
- \* veterans, federal employee benefits, etc.
- \* financial planning/management (for employee)
- \* income exclusions relative to specific program
- \* long range planning
- \* JTPA, TJTC, ARC, OJT, VR grants

#### Inservice - Interdisciplinary Training:

##### Advocacy & responsibilities for:

- \* parents
- \* mental health
- \* VR
- \* DD providers
- \* educators both academic & vocational
- \* social workers/human services programs
- \* facilities

- \* medical community

Aspects of Disabilities:

- \* medical/fragile
- \* vocational implications (i.e. stamina, duration)
- \* physical accommodations
- \* social implications
- \* medical/psychological

Community Resources/Rural, Urban:

- \* transportation
- \* mobility training
- \* service organizations to promote SE
- \* economic development organizations
- \* placement networks (i.e. development of) employer incentives
- \* business community/employer involvement
- \* employer training
- \* media
- \* business networks
- \* advocacy programs
- \* recreation/leisure time activities
- \* parents
- \* community boards

## INVITATION TO INVOLVEMENT IN PLANNING

Presentors: Maggie Bullock, Dan Anderson, Dennis Taylor

Maggie Bullock, Vocational Rehabilitation Services:

"In 1986, via the Rehab Act Amendment, SE became an acceptable outcome in the VR system.

VR has 50 people that work with the disabled out of 10 field offices. Whether VR becomes the SPA is secondary to them becoming involved in the tradition of time-limited services to achieve SE. If VR becomes the SPA it will require a lot of cooperation and collaboration among the various players.

Policy, procedure and funding are critical issues."

Dan Anderson, Department of Institutions:

"People working in mental health provider agencies have understood, advocated for, and actually provided supported employment services long before we at the state level were more than vaguely familiar with the term.

Here are some basic questions, the answers to which will, in my opinion, help the state mental health authority catch up and make SE a priority consideration for the publicly funded mental health system.

1. What models or types of SE are or are not appropriate for people who are disabled due to mental illness (variations on the pure versions of the distributed, enclave and work crew)? Do stereotyped beliefs about mentally ill people affect how potential employers should be approached? What kind of specialized training does a job coach need?
2. How can the resources and expertise of mental health and rehabilitation agencies be coordinated to provide SE?
3. Should the Department of Institutions be purchasing SE services as an identified discrete service? What are some options other than the fee per client-hour system we use for other services?
4. What priority does SE have among all of the services provided to all of the client groups in the mental health system?

The establishment of funding of a new service priority means that funding for some other services will have to be redirected.

Are there some lower priority services? Should some funding for traditional day treatment or community living support services be earmarked for SE?

5. By what standards should SE services for the mentally ill be evaluated?

The public mental health system in general and the Department of Institutions in particular needs some very basic concrete information about SE.

The Department of Institutions is interested in and supportive of the concept of SE. Full support is, in large part, dependent upon our ability as a group to put together a clear and comprehensible proposal describing how this service can be efficiently and cooperatively delivered to the consumer of mental health services."

Dennis Taylor, Developmental Disabilities Division:

It will be difficult to establish SE in Montana and all must work together, learn and listen. The change required to make SE a reality in Montana will be painful" (but he is positive about it).

DD has a long, sustained and growing commitment to SE in Montana. There are six sites where the distributive model of individual job placement is being implemented. Job coaches are in place to provide SE in Billings, Helena, Great Falls, Kalispell, Bozeman and Missoula. The legislature provided additional monies for DD people: approximately \$50,000 per year. That brings our possibilities up to nearly 100 people who can be supported in those six sites.

There is a real potential for expansion of services.

What's going on across the country in terms of SE?

The bad news is as follows:

- \* The definition of SE is subject to many arguments.
- \* Nobody knows how to accomplish statewide change.
- \* SE is not available in most communities.



- \* Quality a cross programs are unequal.
- \* Waiting lists remain for any day services.
- \* Students graduate to too few jobs and a waiting list.
- \* Huge resources still support segregated programs.
- \* There is friction between the old and the new.
- \* Policy change is slow.
- \* Developing coalitions are not in place in Montana.
- \* There are more ideas than skilled personnel.
- \* Integration is ill-defined.
- \* Multiple group needs for SE will create an even greater stress in the system.

The good news is:

- \* SE is being defined.
- \* Across the country large-scale implementation has begun - it is filtering through all parts of society.
- \* Advocates are finding a common voice - there are common themes emerging.
- \* Quality and quantity issues are being addressed.
- \* National standards are being formulated.
- \* Nearly every state in the country is doing something with SE - new dollars are being invested.
- \* New approaches are emerging.
- \* Students with disabilities are leaving our public schools better prepared for employment.
- \* New programs have been created across the country.
- \* Existing programs are changing.
- \* Federal and state policy are changing.
- \* Funding initiatives are changing.

- \* Interagency coalitions are forming on local level (aren't waiting for the federal or state level).
- \* Points of individual networks are becoming available.
- \* Importance of integration is being recognized.
- \* Singular focus of outcome based, integrated employment with long-term support -- that's what we want to achieve -- how we get there is up to us to determine.

## APPENDIX I

### MSED PROJECT PROFILE

Successful employment, reflecting such factors as independence, economic security and productivity, is regarded as an important measure of community adjustment and quality of life. The role of "worker" for people with disabilities is no less important than it is for people without disabilities.

Beginning September 30, 1986, Montana was awarded a five-year grant from the U.S. Department of Education to conduct the Montana Supported Employment Demonstration Project (MSED Project). Its goal is to establish and implement necessary changes in the state's service system to ensure that, by 1992, 60% of adult Montanans with severe disabilities are employed and retained in integrated work settings.

Governor Ted Schwinden has designated Montana's Department of Social and Rehabilitation Services (SRS) as the lead state agency for the MSED Project. Under contract with SRS, the Montana University Affiliated Program Satellite (MUAPS) at the University of Montana currently has primary responsibility for implementing the project.

## APPENDIX 2

### KEYNOTE SPEAKERS

Janet W. Hill, M.S.Ed.

Director of the Office of Supported Employment with the Virginia State Department of Mental Health and Mental Retardation, Hill has been involved in the origination and ongoing development of supported employment services in her home state for the past eight years. She frequently contributes to professional journals in the field of employment and integration with 33 titles to her credit. Hill has made 24 major presentations at state and national conferences, has consulted with providers on implementation of supported employment in ten states and parents a four year old daughter.

Hill was one of the reviewers who approved the MSED Project Grant from the Office of Special Education and Rehabilitative Services in Washington, D.C.

David L. Jay

Jay holds an Industrial Management degree from Purdue University. His present position is Director of Production at Physio-Control Corporation where he has been a Team Member for almost 12 years. In 1983, he set up the enclave with Lee Valenta of Trillium Associates, a nonprofit employment agency. Dave travels the country speaking to groups about Physio's experiences with the enclave and supported employment. Physio-Control Corporation manufactures medical electronics equipment and was recently rated as one of the top 100 companies to work for in America.

## APPENDIX 3

### ISSUE STUDY PROCESS: The Interactive Method

The issue study groups were comprised each of a cross-section of individuals representing various state agency and provider groups, school systems and families. They were lead by facilitators trained in a process called the interactive method which was developed by Michael Doyle and David Strauss more than a decade ago. The intent of the method is to get more done in meetings in less time.

The three issues studied were:

- I. State Service Management System,
- II. Employment Development, and
- III. Training and Technical Assistance.

Each of the issues addressed several components within their focus, which made a total of 14 study groups. Each group then had a common focus on content and process. The facilitator was responsible for maintaining an open and balanced conversational flow as well as responsible for protecting individuals from personal attack. A recorder created the short and long term group memory.

## APPENDIX 4

### ACRONYMS

AJMD.....American Journal on Mental Deficiency  
ARC.....Association for Retarded Citizens  
CLS.....Community Living Support  
DD.....developmentally disabled  
DDD.....Department of Developmental Disabilities  
DDPAC.....Developmental Disabilities Planning and Advisory  
          Council  
DMH.....Department of Mental Health  
DMHMR.....Department of Mental Health and Mental Retardation  
IEP.....Individual Education Plan  
IHP.....Individual Habilitation Plan  
IWPR.....Individual Written Rehabilitation Plan  
JTPA.....Job Training Partnership Act  
MR.....mentally retarded  
MSED.....Montana Supported Employment Demonstration Project  
PASS.....Plan to Achieve Self Support  
RFP.....request for proposal  
SPA.....single point of access  
SRS.....Social and Rehabilitation Services  
SSDI.....Social Security Disability Income  
SSI.....Social Security Income  
TJTC.....Targeted Jobs Tax Credit  
VCU.....Virginia Commonwealth University  
VR.....Vocational Rehabilitation



**Forum Sponsors** • The Montana Supported Employment Demonstration Project, a cooperative endeavor of the Montana University Affiliated Program Satellite of the University of Montana and the Department of Social and Rehabilitation Services, State of Montana, sponsored this first of five annual forums on supported employment of severely disabled Montanans.

**MSED Staff** • Tom Cherry, Project Director; Mike Kelly, Project Coordinator; Janet Gudatis, Administrative Assistant.

**MSED Governing Board** • Maggie Bullock, Administrator, Rehabilitative Services Division, SRS; Gary Marbut, Chairman, Developmental Disabilities Planning & Advisory Council; Rick Offner, Director, Montana University Affiliated Programs Satellite; and Dennis Taylor, Administrator, Developmental Disabilities Division, SRS.

**MUAPS Staff** • Rick Offner, Director; Noreen Merritt, Administration and Program Support Coordinator.

**Forum Hosts** • The Great Falls Transition Project, The Golden Triangle Community Mental Health Care Center, and Great Falls Easter Seals Society—Goodwill Industries of Montana.

**Forum Support Services** • DDPAC, Montana Employment Project, MSED Project Advisory Council, MUAPS and Artz-Works of Helena.